

Alabama State Board of Licensure for
Professional Engineers and Land Surveyors
P.O. Box 304451
Montgomery, AL 36130-4451
(334) 242-5568
Fax (334) 242-5105
www.bels.alabama.gov

**LAND SURVEYING
CERTIFICATE OF AUTHORIZATION
APPLICATION FORM**

For Board Use Only

Board Use Only

Entry/Receipt Number

Date Entered

Fee Paid

CA Number

Date Issued

Fee Schedule Make check payable to: PE & PLS Fund

| | |
|---------------------------------------|------------|
| Original Application fee | \$60 |
| Renewal fee if paid before January 31 | \$60 |
| Late Renewal - after January 31 | \$310 |
| Amended Application fee | no fee due |

This ☐ original ☐ renewal ☐ amended application is hereby made for authorization to offer Land Surveying Services in the State of Alabama as provided by Section 34-11-9, Code of Alabama 1975, as a:

☐ Corporation ☐ Firm ☐ Partnership ☐ LLC ☐ LLP ☐ Sole Proprietorship ☐ Other (Please specify) _____

1. **Name of Business:** _____

Physical Street Address of principal office: _____

City, State, Zip _____ Tel.No.(_____) _____

Mailing Address of principal office: _____

2. **Type of services offered at this office:** ☐ Land Surveying ☐ Other (Please specify) _____

3. **Designated Principal Land Surveyor:** _____ **Title:** _____

(The Principal Land Surveyor must be the senior technical person who is a currently licensed Alabama Professional Land Surveyor who makes significant technical and/or contractual judgements on behalf of the firm which would affect the firm's professional reputation and liability. The Principal must be a full time employee and be physically present in the office during normal business hours unless his/her professional duties of that office require him/her to be elsewhere.)

As the Alabama Professional Land Surveyor Principal or sole proprietor, I hereby certify that we _____ (do or do not) have a branch office that offers land surveying services relative to the State of Alabama, that I am currently in good standing with the Board and the information contained herein is true and correct.

Note: If your company operates a branch office(s), you must also complete question 7 of this application.

Signature of Alabama PLS Principal/Proprietor

Alabama PLS Lic. No.

Date

Email Address

4. **Firms or corporations:** List below all officers and Board of Directors

| <u>Name</u> | <u>Title</u> | <u>Address</u> | <u>Alabama PLS License #</u> |
|-------------|--------------|----------------|------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Designating Authority: I hereby designate the Alabama Professional Land Surveyor whose signature is on the front as the corporation's/firm's Principal Land Surveyor. *(To be completed if the identified Principal Land Surveyor is not a primary officer of the corporation or firm.)*

| <u>Name of Officer</u> | <u>Signature of Officer</u> | <u>Date</u> |
|------------------------|-----------------------------|-------------|
|------------------------|-----------------------------|-------------|

5. **Partnerships:** List below all partners *(One or more partners must be licensed as a Professional Land Surveyor in Alabama)*

| <u>Name</u> | <u>Title</u> | <u>Address</u> | <u>Alabama PLS License #</u> |
|-------------|--------------|----------------|------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

As the Alabama Professional Land Surveyor Partner (listed in 5 above), I am currently in good standing with the Board. I further certify by my signature that the information contained in this form is correct including the list of licensed PLS's shown in 6 if applicable.

| <u>Signature of Alabama PLS Partner</u> | <u>Alabama PLS Lic. No.</u> | <u>Date</u> |
|---|-----------------------------|-------------|
|---|-----------------------------|-------------|

Email Address

6. **All:** List below **all employees** other than the ones listed on the front or above who are **currently licensed** and in good standing as Professional Land Surveyors in the State of Alabama and who shall be in **responsible charge** of the practice of land surveying in this State by said corporation, partnership or firm. *(Attach additional sheets as necessary)*

| <u>Name</u> | <u>Title</u> | <u>Address</u> | <u>Alabama PLS License #</u> |
|-------------|--------------|----------------|------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

7. **Branch Offices:** Section 34-11-9(a)(5) of the Law requires that every firm, partnership, or corporation which performs or offers land surveying services in the state of Alabama shall have a resident licensed Professional Land Surveyor in responsible charge in each separate office in which land surveying services are performed or offered to be performed. The resident licensee shall be an employee of the firm, corporation, partnership, or association or other entity and such land surveyor can be the resident licensee at only one place of business at one time. (**Note: The PLS in responsible charge must be a full time employee and be physically present in the office during normal business hours unless his/her professional duties of that office require him/her to be elsewhere and has direct control and personal supervision of the land surveying work.**)

List (1) all Alabama branch offices, (2) all out-of-state branch offices where land surveying work is performed for projects located in the State of Alabama, (3) and the Alabama PLS who is located at each office and who is in responsible charge of the land surveying work performed for the projects in the State of Alabama.

(Out-of-State firms are not required to have a branch office in the state of Alabama.)

(a) Address of Branch Office: _____

_____ Tel. No. (____) _____

Name and Lic No. of Alabama PLS who is a full time employee in responsible charge located at this office:

Name _____ AL PLS Lic. No. _____

(b) Address of Branch Office: _____

_____ Tel. No. (____) _____

Name and Lic No. of Alabama PLS who is a full time employee in responsible charge located at this office:

Name _____ AL PLS Lic. No. _____

(c) Address of Branch Office: _____

_____ Tel. No. (____) _____

Name and Lic No. of Alabama PLS who is a full time employee in responsible charge located at this office:

Name _____ AL PLS Lic. No. _____
